								Application or Docket Number					
	PATENT	APPLICATIO Effect	RD		106	13	U 84						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			21					TE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		C FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			2 minus 20=		* (* (X\$ 9= U		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		*		X4	X43=		OR	X86=		
MU	LTIPLE DEPEN	NDENT CLAIM PI	RESENT			+145				OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			TO		399	OR	TOTAL			
CLAIMS AS AMENDED - PART II									2 ()	,	OTHER	THAN	
		(Column 1)	_	(Colun		(Column 3) SMAL		ALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X4:	3=		OR	X86=		
	FIRST PRESE		+14	5=		OR	+290=						
								OTAL		OB	TOTAL. ADDIT. FEE		
,		(Column 3)	ADDIT.	FEE,			ADDII. PEEI						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA	RA ⁻	ΓΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***		=	X43	3=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	5=		OR	+290=		
TOTAL											TOTAL		
(Column 1) (Column 2) (Column 3)								FEE !		, Oi t	ADDIT. FEE		
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO	EST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**		= .	X\$ 9)=		OR	X\$18=	! L.L.	
	Independent	*	Minus	***		=	X43	\dashv			X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 			OR			
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE		
		nber Previously Paid					ound in th	е арр	ropriate box	in col	ımn 1.		